

300
FILED JUN 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. 15826

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5285 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY CLARK		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY CLARK		
b. CITY (If outside corporate limits, write RURAL and give name of town) Washington OR TOWN WYACONDA "RURAL" Washington 50yrs		c. CITY OR TOWN Wyaconda Washington	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) Wyaconda, Mo. Five miles south east		
3. NAME OF DECEASED a. (First) Margaret b. (Middle) S. c. (Last) McGour			4. DATE OF DEATH (Month) (Day) (Year) May 30 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 19, 1865	
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	11. BIRTHPLACE (City and State or Foreign Country) Lee County, Iowa	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Levi Davis		13b. MOTHER'S MAIDEN NAME Lucretia Jackson	14. NAME OF HUSBAND OR WIFE Ross McGour	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Suter ADDRESS Wyaconda, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Arterial Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1954 , to May 30, 1956 , that I last saw the deceased alive on 5/12, 1956 , and that death occurred at 3 P m., from the causes and on the date stated above.				
23a. SIGNATURE J.P. Bridges M.D. (Degree or title)		23b. ADDRESS Kokohaha Mo	23c. DATE SIGNED 5/1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 2, 1956	24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery	24d. LOCATION (City, town, or county) (State) Lee County Iowa	
DATE REC'D BY LOCAL REG. 6/1-56		REGISTRAR'S SIGNATURE J.P. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE Guth + Basler ADDRESS Wyaconda Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Geo. V. Basket*

Licensed Embalmer No..... 18

P. O. Address..... *Wyaxon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.